PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

UNCC 02-020

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		, 			OR			
TOTAL CLAIMS			16		·			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			<i>16</i> min	us 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			Z mi	nus 3 =				X43= ·		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2				TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM		ן נ	+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
	•	·											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
q	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145			+290=		
						•	L	+145=		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)		•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			, 200-		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
** [** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		nber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.		